

FOR OFFICE USE ONLY		
Approval number		
Contact hours		

Name of training course			
Name or organization offering course			
Address (number and street, city, state, ZIP code)			
Course instructor(s) [indicate whether certified operator(s)]: Yes No	Name		
Address (number and street, city, state, ZIP code)			
Occupation (attach resume' or bio)			
Name of standby instructor	Address (number and street, city, state, ZIP code)		
Number of Contact Hours for this course (a contact hour is defined as a sixty minute participation in an approved classroom program or sixty minutes of participation in an approved program not requiring classroom participation):			
Method of attendance monitoring and verification (be specific or attach samples):			
Cost of course			
Course Content: Attach either an outline or narrative, brochure, agenda, workbook, etc. Include samples or description of any visual aides and handouts. Include amount of time spent on each topic. (Application cannot be evaluated without this.)			
Date(s) course will be presented:			
Location(s) course will be presented:			
Name of Training Provider Contact Person		Telephone number	
Address (number and street, city, state, ZIP code)			
Send a copy of the course approval notification letter to the following individual(s):			
Name			
Address (number and street, city, state, ZIP code)			
Name			
Address (number and street, city, state, ZIP code)			
Instructions:			

This application must be completed for all training courses for which continuing education credits for certified water operators will be given. Mail the completed form to: **Drinking Water Continuing Education Coordinator, P.O. Box 7148, Indianapolis, IN 46207-7148**Notice of application approval and IDEM approval number must be obtained before continuing education contact hours are allowed. Any change in instructor or course presentation will require reevaluation. Providers of approved training must comply with requirements of 327 IAC 8-12-7.1 (b) (c).